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BUCKLEY, MASCHOFF, TALWALKAR LLC

FILING DATE

01/30/2001

ISSUE FEE DUE

\$1400 ART UNIT

3692

TITLE OF INVENTION: AUTOMATED POLITICAL RISK MANAGEMENT

SMALL ENTITY

NO

. Change of correspondence address or indication of "Fee Address" (37 FR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

7590

28062

APPLICATION NO.

09/772.427

APPLN. TYPE

nonprovisional

Number is required.

EXAMINER

OYEBISI, OJO O

50 LOCUSTAVENUE NEW CANAAN, CT 06840

Commissioner for Patents P.O. Box 1450

PREV. PAID ISSUE FEE

Sn

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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TOTAL FEE(S) DUE

\$1700

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CONFIRMATION NO.

9769

DATE DUE

03/27/2007

Buckley, Maschoff &

Talwalkar LLC

INSTRUCTIONS: This form should be used for magnitude the ISSUE FEE and PUBLICATION FEE (if pequine.) Blocks I through 5 should be completed where properties. All further commandates including the Pattern advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

FIRST NAMED INVENTOR

David Lawrence

PUBLICATION FEE DUE

\$300

CLASS-SUBCLASS

705-038000

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

PLEASE NOTE: Unless an assignce is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is NO	
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
GOLDMAN, SACHS & CO.	New York, NY
Please check the appropriate assignee category or categories (will not be	printed on the patent): 🔲 Individual 🛂 Corporation or other private group entity 🚨 Government
4a. The following fec(s) are submitted: State Fee State Fee	th. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above) □ A check is enclosed. □ The Director is reform PTO-2038 省議議議報 (paid via EFS) □ The Director is hereby suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form)
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). bed from anyone other than the applicant; a registered automey or agent; or the assignee or other party in
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Typed or printed name Kurt M. Maschoff	Registration No. 38, 235
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